

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13438</u>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name James T McClelland  P O Box Bldg Room No if any  Street 2337 Tchoupitoulas Street  City New Orleans  State Louisiana ZIP Code + 4 70130	4 Name file number and address of labor organization Name Clerks & Checkers ILA Local 1497  Labor Organization File Number 040 553  P O Box Building and Room Number if any  Street 2337 Tchoupitoulas Street  City New Orleans  State Louisiana ZIP Code + 4 70130
5 Position in labor organization President Ass t Bus Agent	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income          7 b Amount          \$0

### Signature

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

*James T. McClelland*

On

8/11/2005

Date

504 581 3196

Telephone Number

Name of Person Filing James McClelland	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Robein Urann &amp; Lurye</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Suite 400</p> <p>Street 2540 Severn Avenue</p> <p>City Metairie</p> <p>State Louisiana ZIP Code + 4 70002</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name NOE-ILA PWV&amp;H</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Room 300</p> <p>Street 147 Carondelet Street</p> <p>City New Orleans</p> <p>State Louisiana ZIP Code + 4 70130</p>	<p>11 a Nature of such dealing</p> <p>Co counsel to the Fund</p>
	<p>11 b Approximate dollar value of such dealing \$103 000</p>
	<p>12 a Nature of interest held or income received</p> <p>Christmas gift December 2004</p>
	<p>12 b Amount \$36</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment \$0</p>

Name of Person Filing James McClelland

File Number U

Part B Continuation Page

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8 Name and address of Business (including trade name if any)

Name Robein Urann & Lurye

Trade Name if any

P O Box Bldg Room No if any Suite 400

Street 2540 Severn Avenue

City Metairie

State Louisiana ZIP Code +4 70002

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name NOE ILA Container Royalty Account

Trade Name if any

P O Box Bldg Room No if any Room 300

Street 147 Carondelet Street

City New Orleans

State Louisiana ZIP Code +4 70130

11 a Nature of such dealing

Co counsel to the Royalty Account

11 b Approximate dollar value of such dealing \$0

12 a Nature of interest held or income received

Christmas Gift December 2004 (previously reported)

12 b Amount \$36

Name of Person Filing James McClelland

File Number U

Part B Continuation Page

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<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Union is co sponsor of Trust Fund</p> <hr/> <p>11 b Approximate dollar value of such dealing \$2 030 253</p> <hr/> <p>12 a Nature of interest held or income received</p> <p>Registration fees for IEBF Conference November 2004 to attend as a Trustee</p> <hr/> <p>12 b Amount \$915</p>